RETIRED MILITARY INFORMATION

(SEE PRIVACY ACT INFORMATION)

| Name: | SSN: |
|---|--|
| Organization: | |
| Present job title, series, and grade: | |
| PURPOSE: The following information is required by AR 680-340 and FPM 296-33 for pay | |
| purposes and to fulfill mandatory reporting requirements. | |
| PRIVACY ACT INFORMATION AT BOTTOM OF PAGE | |
| INSTRUCTIONS: Complete this form by placing a check mark in the box by the statement that | |
| identifies your retired military status. Employees are required to complete a new form (available | |
| from CPO) whenever their retired status changes and submit it to CPO, Technical Services | |
| Branch. | |
| | R COMPONENT – Has preassignment recall orders. |
| B. OFFICER-REGULAR COMPONENT – No preassignment recall orders. | |
| ☐ C. OFFICER-NONREG | ULAR COMPONENT – Has preassignment recall orders. |
| □ D. OFFICER-NONREG | ULAR COMPONENT – No preassignment recall orders. |
| ☐ E. WARRANT OFFICE | R – REGULAR COMPONENT – Has recall orders. |
| ☐ F. WARRANT OFFICER – REGULAR COMPONENT – Has no recall orders. | |
| ☐ G. WARRANT OFFICER – NONREGULAR COMPONENT – Has recall orders. | |
| H. WARRANT OFFICER – NONREGULAR COMPONENT – No recall orders. | |
| I. ENLISTED REGULAR COMPONENT – Has recall orders. | |
| J. ENLISTED REGULAR COMPONENT – No recall orders. | |
| K. ENLISTED NONREGULAR COMPONENT – Has recall orders. | |
| L. ENLISTED NONREGULAR COMPONENT – No recall orders. | |
| M. Not applicable – None of the above, | |
| SIGNATURE: | DATE: |
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| PRIVACY ACT INFORMATION | |
| This information is provided pursuant to Public Law 93-597 (Privacy Act of 1974), December 31, | |
| 1974, for individuals completing Federal records and forms that solicit personal information. | |
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| Authority: | Sections 1302, 3301, 3304, and 7201 of Title 5 of the U.S. Code. |
| Purpose and Routine Uses: | The purpose of this form is to gather information for pay |
| | purposes and to fulfill mandatory reporting requirements |
| | concerning retired military personnel. The following information |
| | is required by AR 680-340 and FPM 296-33. Completion of |
| | SSN is voluntary; however, failure to complete this will result |
| | in inaccurate records for DA reports, possible misassignment of |
| | of incumbent, and pay records will be affected which could |
| | cause overpayment of salary of employee. |

FS Form 342 (DCP) 1 Oct 01